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| <b>Case Number:</b>   | CM14-0007403 |                              |            |
| <b>Date Assigned:</b> | 02/07/2014   | <b>Date of Injury:</b>       | 08/25/2000 |
| <b>Decision Date:</b> | 06/24/2014   | <b>UR Denial Date:</b>       | 12/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/21/2014 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old female with a reported date of injury on 08/25/2000. The mechanism of injury was not submitted with the medical records. The progress note dated 12/12/2013 listed the diagnosis as flare-up of industrial-related fibromyalgia, multilevel lumbar facet syndrome, and lumbar radiculopathy. The progress note also listed the medications as Norco, Zanaflex, Singulair, levothyroxine, vitamins, and fish oil. The progress note listed the injured worker's pain rating as 7/10 with medications and 10/10 without medications. The progress note also noted the diffuse tenderness throughout the thoracolumbar spine, decreased range of motion of the spine due to the injured worker's pain, and straight leg raise was positive. A urine drug screen was performed 12/12/2013 and the results were presence of hydrocodone and hydromorphone. The request for authorization form dated 12/12/2013 was for Norco 10/325 mg #180 due to fibromyalgia and lumbar facet hypertrophy.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**NORCO 10/325 MG EVERY FOUR AS NEEDED FOR PAIN #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 91

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-80.

**Decision rationale:** The request for Norco 10/325 mg every 4 hours as needed for pain #180 is non-certified. The injured worker has been taking Norco for over 6 months and has a drug screen from 12/2013. The California Chronic Pain Medical Treatment Guidelines recommend opioids for neuropathic pain that has not responded to first-line recommendations (antidepressants and anticonvulsants). The guidelines state there are no trials of long-term use and the use of opioids for chronic back pain appears to be efficacious, but limited for short-term pain relief and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. The guidelines also recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid and how long it takes for pain relief, and how long pain relief lasts. The injured worker has been on Norco for over 6 months and the guidelines recommend opioids for short-term use. There is a lack of functional status while taking this medication, how long the pain relief lasts, and how long it takes for pain relief. Therefore, the request is non-certified.